

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000286

FILED
Feb 15, 2005
Secretary of State

Entity Name: SELENA ROAD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1825 COMMERCE BLVD
MIDWAY, FL 32343

New Principal Place of Business:

13475 MIDDLEFIELD ROAD
TALLAHASSEE, FL 32309

Current Mailing Address:

1825 COMMERCE BLVD
MIDWAY, FL 32343

New Mailing Address:

13475 MIDDLEFIELD ROAD
TALLAHASSEE, FL 32309

FEI Number: 55-0816508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD 4TH FLOOR
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMPSON, JAMES L
Address: 1825 COMMERCE BLVD
City-St-Zip: MIDWAY, FL 32343

Title: D () Delete
Name: THOMPSON, LEX C
Address: 6863 PROCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: THOMPSON, CAROL A
Address: 6863 PROCTOR ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMPSON, JAMES L
Address: 13475 MIDDLEFIELD ROAD
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES L THOMPSON

D

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date